Name:	<b>Effective Date:</b>
Parent:	School:
Home Phone:	Bus:yes no
Emergency/Cell:	School Nurse: Office #
DOB:	Doctor: Office #
Allergies:	Preferred Hospital:
Medications:	
(Add personal data: i.e. onset, brief history, etc. c.  Cerebral Palsy (CP) refers to a group of commovements. It is a non-progressive neurological motor centers and is grouped in types depending extremities.  (	nditions that have to do with an injury to the brain.  e motor difficulties. CP is characterised by involuntary I condition that occurs as the result of brain injury in the con the involvement. (
and difficulty with executing planned, purposefu	
<u>=</u>	vith cerebral palsy include: vision problems such as eye
	s (near sighted, far sighted), poor tracking related to
	ents (nystagmus); hearing problems related to facial
<del>_</del> _ <del>_</del>	ections related to aspiration of food, fluid and saliva and
	r orthopedic problems and other defects; inadequate
•	dration related to poor swallowing and drooling; and
seizure disorders	

There is no "cure" for cerebral palsy. **Treatment** usually involves many disciplines and is focused on improving basic functioning, including activities of daily living. Surgery can prevent spinal deformities.

When contractures cause severe movement problems, **surgery to lengthen muscles and tendons may be recommended**. Surgically lengthening a muscle makes it weaker and may require months of recovery. Whenever possible, therefore, doctors try to fix affected muscles with a single surgery. If more than one procedure is required, operations usually are scheduled as close together as possible.

**Dorsal root rhizotomy** treats spasticity in the legs by selectively cutting nerves that overstimulate leg muscles.

**Stereotactic neurosurgery** may improve rigidity and tremor. The area of the brain treated controls the part of the body meant to be improved. A head CT scan is performed to produce images of the brain. Coordinates of the location to be treated are moved to a stereotactic frame. The frame is used like a map to guide an electrode to the target area in the brain. An electrical impulse is sent through the electrode and into the brain tissue to change the brain cells

cons.
Problem: Seizures (See Seizure Care Plan.)
Problem: Mobility  Goal: To be aware of various disabilities and types of motor impairment
Action:
() has difficulty with ambulating. () uses a wheelchair for
() has difficulty with ambulating. () uses a wheelchair for  () will require transportation because of the difficulty of getting to school related to Cerebral Palsy. He/she will require assistance getting on and off the bus.
He/she will require a seat belt on the bus.
() has difficulty moving from one class to another.
It is necessary that () be allowed to leave class five minutes early and arrive five minutes late. This
will not be considered tardy.
() requires a peer buddy to assist with class changes.
Due to a lack of strength, as much as possible, classes should be located in close proximity to each other
and with as little stair climbing as possible.
Arrangements should be made ahead for special provisions during fire and disasters drills, or field trips.
() may/may not require modifications in regular PE activities.
Consultation by an adaptive PE specialist is recommended, to implement simple accommodations for
classroom tasks.
Swimming classes are recommended, when possible, as part of the PE curriculum.
Follow physician's written recommendations for modifications in physical activity.
() has difficulty carrying books, lunch tray and other items.
A peer will be assigned to assist with class changes and lunch.
() should be given two sets of books, one for school and one for home.
() has problems with manual dexterity, such as writing, opening lockers, eating and using the
bathroom.
An occupational therapist should evaluate for environmental modifications and useful adaptive aids such
as: a pencil grip, soft leaded pencils. Special scissors, key boarding, toilet accessories, eating utensils, etc
() should be given extra time to complete tests.
() should be allowed to dictate notes
() requires shorter homework assignments and modified written work. He/she should avoid
repetition, but make sure he/she has the concept.
Assistance with using the bathroom is required. () requires a bathroom with privacy.
Assistance with lunch is required.
() needs careful positioning due to muscle

() needs extra support for his arms such as on top of the desk. () may need to stand, or change position at frequently.
Problem: Incontinence Goal: Maintain skin integrity. Action:
Diaper change as needed.  Notify parents and school nurse of any skin redness (lasting more than 20 minutes) or skin. (See skin breakdown below.)
Problem: Relaxation medications for muscle spasms Goal: Prompt recognition and reporting of unwanted side effects.
Action:  (For the Nurse: The appropriate drug, its side effects and educational implications, should be inserted here. A list of medications and effects for your use are included in this care plan.)  () takes Lioresal (baclofen) to decease spasticity. It works on the spinal cord to decrease muscle tone and relieve muscle spasms.
Side effects that must be reported to parents include: drowsiness and lethargy.  Educational implications of Lioresal include sedation but this tends to disappear after initial use.  () takes Valium (diazepam) to decrease spasticity.  It is important that this medication is not withdrawn suddenly.
Side effects that should be reported promptly to parents include: drowsiness, trouble walking, fainting, slurred speech, blurred vision, or tremor.  Educational implications of valium include: sleepiness and lethargy.
() takes <b>Dantrium</b> ( <b>dantrolene</b> ) to decrease spasticity. It works directly on the muscles to reduce contractions.  Side effects of this medication included: disorders to liver function.
Promptly report any yellowing of skin or whites of eyes (jaundice) to parents.  Educational implications of Dantrium include: reduction in voluntary muscle control. Students on Dantrium may not be able to function as well but their care may be easier due to decreased muscle tone. Botox injections have been used to treat some of the effects of cerebral Palsy. When Botox is injected into the muscle, it causes it to relax. This causes a reduction in muscle spasms and stiffness, allowing therapists to work with cerebral palsy patients in stretching the muscles. Botox injections are not a cure for cerebral palsy, and treatment typically needs to be repeated every three to six months.
Problem: Choking Goal: Prevent choking. Action:
(
Problem: Inadequate nutrition  Goal: Aid to encourage growth  Action:

Children with cerebral palsy, especially the spastic type, burn more calories to do the same task as children without disability.  () requires a mid-morning and mid-afternoon snack to increase ability to learn and decrease fatigue.  () requires and extended lunch period to maintain an adequate food intake.  () requires monitoring of food intake.
Problem: Dehydration due to poor swallowing and drooling  Goal: Prevent dehydration.  Action:  () loses a lot of fluid due to excess drooling.  () requires a mid-morning and mid-afternoon drink break to avoid dehydration. This may be increased during hot weather or strenuous activity to avoid heat exhaustion.  () requires lubrication of mouth and lips with to prevent chapping and discomfort.  () requires a minimum of fluids per day.
Problem: Oral Care Goal: Promote good oral hygiene. Action: Children with cerebral palsy have a tendency to develop more cavities because of irregularly developed dental enamel. In addition, poor muscle control can lead to tooth grinding and dental accidents.  () should have a program of oral care (tooth brushing) after lunch. The school nurse and/or occupational therapist should be consulted as to staff training and adaptive aids.  School staff must follow procedures to prevent transmission of diseases. Body fluid precautions are a must when assisting with oral care.  () is medicated with Dilantin for seizure control. Dilantin causes uncontrollable gum enlargement (gingival hyperplasia). Good oral hygiene will reduce the inflammation associated with this disorder.
Problem: Stamina Goal: Recognise endurance limitations. Action:  () tires easily and may have difficulty keeping up physically and academically without adjustments to his/her day. (See interventions for mobility in this care plan.)  () requires a rest period for minutes every day.
Problem: Visual difficulty Goal: Reduce barriers to learning. Action: () has difficulty seeing long distances. Allow () to sit where he/she can see well. () eyes tire easily and vision ability varies with this fatigue. Long reading assignments may have to be altered (reduce assignments, allow another student to read lengthy assignments aloud).
Problem: Skin breakdown Goal: Prevent skin breakdown. Action:  If () sits in one position all day, he/she is putting excessive pressure on one area of the body. This pressure prevents circulation of blood, which deprives the skin of oxygen, and it dies. This dead area will lead to a pressure sore which is extremely difficult to heal. Pressure sores can lead to infection, limb los and even death.

Symptoms of a pressure sore include:

Reddened or white patches that won't pink up in a 20 minutes.

If symptoms of redness are present, remove the item that is causing pressure. Notify parent of problem, as this may require refitting of the item.

If you see skin sores and/or drainage, this requires immediate attention. Contact parent and school nurse. To prevent pressure sores:

Observe where braces, shoes or other leg supports may rub on the student.

If symptoms or redness are present, remove the item that is causing pressure. Notify parent, school nurse and physical therapist of problem. Refitting of the item may be required.

Have the child change position every two hours. For example, if sitting, change to side lying or allow out of wheelchair for 15 minutes.

If pressure becomes a problem on the buttocks, obtain a physical or occupational evaluation of the seating arrangements.

Do not massage the affected part as this encourages sores to form.

Keep the area clean and dry.

Physician Signature	Date	Parent Signature	Date
	School Nurse Signature Date		
School Contact	 Date	School Contact	Date

For more information: <a href="http://www.cerebralpalsyfacts.com/causes.htm">http://www.cerebralpalsyfacts.com/causes.htm</a>